

Late Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER California Alliance, a coalition of consumer attorneys, conservationists and nurses			Date of This Filing 02/17/2004 Report No. LIE-209 <input checked="" type="checkbox"/> Amendment to Report No. 001 (explain below) No. of Pages 3	Date Stamp Page 1 of 3	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (323)939-6790		I.D. NUMBER (if applicable) 1240727			
STREET ADDRESS					
CITY Los Angeles	STATE CA	ZIP CODE 90025			

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED John Carcione			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD/DISTRICT NO. State Assembly Person District 21	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
02/16/2004	Mailers Memo Reference: 2004-0450	\$14,263.61

Reason for Amendment:
To update information.

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CALIFORNIA
FORM 496

NAME OF FILER

California Alliance, a coalition of consumer attorneys, conservationists and nurses

I.D. NUMBER (If applicable)
1240727

3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
2/14/2004	CA Nurses Association PAC Sacramento, CA 95814 ID: 780657	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$15,000.00	If loan, enter interest rate, if any _____ %
2/14/2004	CA Nurses Association PAC Sacramento, CA 95814 ID: 780657	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$45,000.00	If loan, enter interest rate, if any _____ %
2/13/2004	Consumer Attorneys Independent Campaign Committee Sacramento, CA 95814 ID: 962871	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$66,530.00	If loan, enter interest rate, if any _____ %
2/13/2004	Consumer Attorneys Independent Campaign Committee Sacramento, CA 95814 ID: 962871	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,797.00	If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 496 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772

Memo Reference: 2004-0450
Estimated Costs